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TB CARE I

TB CARE I - South Sudan

**Year 2
Quarterly Report
July-September 2012**

October 30, 2012

Quarterly Overview

Reporting Country	South Sudan
Lead Partner	MSH
Collaborating Partners	KNCV, WHO
Date Report Sent	
From	Stephen Macharia
To	Martin Swaka, USAID Mission
Reporting Period	July-September 2012

Technical Areas	% Completion
1. Universal and Early Access	92%
2. Laboratories	50%
4. PMDT	88%
5. TB/HIV	100%
6. Health Systems Strengthening	50%
Overall work plan completion	76%

Most Significant Achievements

Universal and early access of TB treatment: During the reporting period, WHO identified a consultant to support the development of Patient Center Treatment (PCT) approach. The document has been drafted and is awaiting approval from the NTP before printing and dissemination can be done. PCT guidelines will provide a framework for implementation of community based DOTS (including health facility based DOTS) in South Sudan. Joint supervision and mentorship has continued to strengthen the integration of TB services. Four TB diagnostic and treatment centers benefited from the joint supervisory visit. The central and state level TB staff have continued to be mentored on this approach. A meeting to review the progress on the referral of TB patients in Juba County was called based on the report of the assessment that was conducted by TB CARE I team jointly with the state TB coordinator. The report showed that 32% of confirmed TB cases are defaulting from treatment due to poor referral mechanism (Table 2). The health workers working in TB control developed an action plan which will be evaluated in the coming quarter. During the quarter, 20 (F:3 M:17) clinicians and nurses were trained on TB diagnosis and treatment. The trainings have impacted on the cases notified over the years (Figure 9).

Laboratories: TB CARE I continues to strengthen TB laboratory networking and establishing quality assurance systems in South Sudan. Follow up visits were carried out to 4 centers in the greater Yei region by a joint supervision team composed of TB CARE I Lab advisor, State TB coordinator and the 2 NTP lab coordinators (Figure 2). Supervision and mentorship included bench training and role plays. Yei Civil hospital lab staff which is our role model for now has moved even further in their determination to integration of TB into general lab routine work by adding other aspects of quality assurance into their routine. In our most recent visit they have begun staff meetings and re-organization of the store room as part of corrective actions to address gaps identified in previous visits by the supervision team. Training and mentorship of the lab focal persons to carry out EQA in seven laboratories in CES was carried out despite lack of adequate human resources and CRL not functional. Between August and October a pilot run for EQA was initiated by TB CARE's lab advisor, through weekly staining and reading of positive and negative slides, and rechecking of results by swapping slides between facilities. Results were encouraging (refer table 1 in Photo Album tab).

TB Infection Control (TBIC): Through the support of KNCV consultant, the first TBIC guidelines have been developed. The process involved desktop review of program documents, visits and assessment of TBIC activities in various facilities in South Sudan including prisons and military barracks. The mission established that there is a significant potential risk of transmission of TB among the health care workers (8 have recent history of TB disease). A one day workshop on TB IC was conducted at Juba Teaching Hospital and attended by 15 (F:10; M:5) frontline TB workers in Juba. The next step will be to implement the recommendation in the trip report which included convening TBIC committee at Health facility level, adaptation of the WHO guidelines and standard operating procedures, followed by trainings of HCWs on TBIC.

Health System Strengthening (HSS): GF categorized TB TFM proposal to Category 4 which require that the proposal is revised according to the TRP comments. A consultant was hired by PMU to support the process. The proposal has been revised taking into account the TRP request for clarifications and the many suggestions for change. The proposal has been presented to CCM and endorsed.

Overall work plan implementation status

Overall workplan implementation is about 76%.

Technical and administrative challenges

Human resources challenges continue at all levels. Government staff has not been paid for four months which has resulted in low morale among health care workers.

South Sudan is still developing and many M&E functions have not developed to effectively support the routine reporting on TB control activities.

Competing priorities within NTP has resulted in the delay in implementations of some key activities in the workplan. Overlapping of the TAs has strained the capacity of NTP and TB CARE I staff. In the reporting quarter, TB IC and TB TFM proposal review were conducted at the same time.

Support for the review of GF TFM proposal was not anticipated and had to be accommodated within the APA 2 workplan. Re-programming of the funds was done to meet the costs for the TA.

From January – June 2012, 48% (2345/4863) TB patients were tested for HIV which is a decline. This is due to lack of HIV test kits in the country. Data for July – September 2012 is not available at the time of this report.

In-country Global Fund status and update

The current GF grant supporting TB control (GF Round 7) expires in December 2013. As a result, NTP applied for TB TFM grants to start in January 2014. However, the proposal was categorised in 4 that required revision of the proposal based on the TFP comments. The revision process has been supported by TB CARE I through a consultant hired by PMU. The proposal has been endorsed by CCM and is ready for submission by 22nd October 2012.

Quarterly Technical Outcome Report

Technical Area	1. Universal and Early Access							
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y2		
1.2 Increased quality of TB services delivered among all care providers (Supply)	1.2.4 CB-DOTS program is implemented Indicator Value: Score (0-3) based on definition.	2	2011	3	2012	3	PCT guideline have been drafted and will be reviewed and approved by NTP However, areas under NTP/WHO supervision use the family members to provide CB-DOTS.	PCT guidelines will provide a framework for implementation of community based DOT (including health facility based DOT) in South Sudan.
	1.2.5 Increase TB case notification by 10% in the country Description: Proportion of cases notified Indicator Value: percentage Level: National Source: NTP quarterly reports Means of Verification: Quarterly reports Numerator: Number of cases notified Denominator: Expected cases to be notified	6426	2011	7070	2012	Reporting period Oct 2011 - Jun 2012 5.1% (330/6426)	There is an increase of cases notified compared to previous quarters. Period Jul - Sep 2012 has not included because the reports are not complete.	Timeliness reporting remains a challenge. Poor infrastructure deveolpment has largely contributed to late reporting. Use of mobile phone to report to the central level is being used in difficult to reach areas. Oct 2011 - Jun 2012 has an average of > 2,500 cases per quarter. If this can be maintained, there will be a 40% increase from the baseline.

Technical Area	2. Laboratories							
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y2		

2.1 Ensured capacity, availability and quality of laboratory testing in country needed to support the diagnosis and monitoring of TB patients	2.1.1 A national strategic plan developed and implemented for providing the TB laboratory services needed for patient diagnosis and monitoring, and to support the NTP Indicator Value: Score (0-3) based on definition.	3	2011	3	2012	3	Strategic plan has been revised.	The huge gap in the strategic plan for implementing. Advocacy should be done at all levels.
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Technical Area 4. PMDT								
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y2		
4.1 Improved treatment success of MDR	4.1.1 Patients, suspected of MDR-TB, dying between request for lab examination and start of MDR treatment Indicator Value: Percentage Numerator: The number of TB patients (Cat I, Cat II) with confirmed HR or R resistance, who died between the date of the lab request and the start of MDR treatment Denominator: The total number of TB patients (Cat I, Cat II) with	n/a	n/a			0	46 samples have been sent to Nairobi for Culture and DST. No results received so far.	CRL is not functional. GF is supporting the re-designing of the TB CRL. MDR TB case management is not available.

Technical Area 5. TB/HIV								
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y2		
5.1 Strengthened prevention of TB/HIV co-infection	5.1.2 Facilities that are providing HIV prevention message at TB services Indicator Value: Percent Numerator: Number of randomly-selected facilities, providing DOTS, which have a trained staff on HIV counseling. Denominator: Total number of facilities providing DOTS	67%	2011	90%	2012	Oct - Dec 2011 65% (28/43) Jan - Mar 2012 65% (28/43) Apr - Jun 2012 72% (31/43)	Data not available for the period Jul - Sep 2102	Timeliness of reporting and lack of test kits have resulted in poor performance on this indicator.

5.2 Improved diagnosis of TB/HIV co-infection	5.2.2 TB patients with known HIV status Indicator Value: Percent Numerator: Total number of all TB patients registered over a given time period who were tested for HIV (after giving consent) during their TB treatment Denominator: Total number of TB patients registered over the same given time period.	56%	2011	80%	2012	Oct - Dec 2011 49% (912/1877) Jan - Mar 2012 50% (1186/2352) Apr - Jun 2012 49% (1239/2511)	Data not available for the period Jul - Sep 2102	Timeliness of reporting and lack of test kits have resulted in poor performance on this indicator
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Technical Area 6. Health Systems Strengthening								
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y2		
6.1 Ensure that TB control is embedded as a priority within the national health strategies and plans, with commensurate domestic financing and supported by the engagement of partners	6.1.2 Government budget includes support for anti-TB drugs Indicator Value: Yes/No	No	2011	Yes	2012	No	No support from the government for TB drugs	Limited government resources because of the oil shut down which was contributing to 98% of the government budget. There is a major shortage of human resources and logistics. Continues to advocate through dissemination of NTP strategic plan.
6.2 TB control components (drug supply and management, laboratories, community care, HRD and M&E) formed integral	6.2.3 People trained using TB CARE funds Indicator Value: Number of people Numerator: Number of people trained disaggregated by gender and type of training.	99 (F:33,M:66)	2011	200 (F:80,M:120)	2012	Oct 2011 - Sep 2012 222 (F:52,M:170)	A training for clinicians and nurses on TB management Jul - Sep 2012 25 (F:8, M:17)	Challenge remains in having female participation in trainings. VCT counselors on the basics of TB has been planned for the coming quarter.






part of national plans, strategies and service delivery of these components	<p>6.2.4 Establish 20 new TB diagnostic and treatment centers</p> <p>Description: The number of facilities providing TB diagnosis and treatment</p> <p>Indicator Value: number</p> <p>Level: National</p> <p>Source: NTP quarterly reports</p> <p>Means of Verification: health facilities reporting on TB/HIV activities</p> <p>Numerator: Number of health facilities with TB diagnosis and treatment</p> <p>Denominator: Number of functional state, county and PHCC in the Country</p>	42	2011	62	2012	<p>65 (22 diagnostic centers, 43 diagnostic and treatment centers)</p> <p>19% (65/345) of functional Primary health care centers and hospitals.</p>	<p>Refurbishment of additional 7 health centers is on-going. 5 of these are new centers, which will bring the total number of facilities to 70.</p> <p>NTP is reviewing the diagnostic centers in order to upgrade to diagnostic & treatment center</p>	Low health facility DOTS coverage due to the poor infrastructure and lack of human resources.
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Quarterly Activity Plan Report

1. Universal and Early Access			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
1.2 Increased quality of TB services delivered among all care providers (Supply)	1.2.1	Distribute annual report, SOPs, training manuals and job aids and develop NTP's 2012 annual plan	MSH	27.015	75%	Dec	2012	NTP operation plan 2013 to be developed in November 2012
	1.2.2	Support Supervision	MSH	5.940	100%	Sep	2012	5 support supervisions have been conducted during the period Oct 2011 - September 2012
	1.2.3	Train clinicians and nurses	MSH	64.600	100%	Aug	2012	During the quarter, 25 clinicians and nurses were trained. In total, 45 (F:11;M:34) clinicians & nurses have been trained. Target 50
					92%			






2. Laboratories			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
2.1 Ensured capacity, availability and quality of laboratory testing in country needed to support the diagnosis and monitoring of TB patients	2.1.1	Refurbishment of laboratories	MSH	82.500	25%	Sep	2012	Seven laboratories have been assessed for refurbishment out of which 5 have no TB services. This will bring to 70 the number of health facilities with TB services in South Sudan once the refurbishment is completed.
	2.1.2	Train laboratory technicians/assistants	MSH	17.090	100%	May	2012	20 laboratory technicians (19 males and 1 female) have been trained on smear microscopy. The training was facilitated by NTP. Target was 25.
	2.1.3	Support EQA system and CRL	MSH	17.309	25%	Sep	2012	Cancelled. The activity is linked to functional CRL with not ready to date. However, strengthening of laboratory services and establishment of IQC by TB CARE I lab advisor in Central Equatoria State has continued despite absence of CRL.
					50%			

4. PMDT			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	

Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
4.1 Improved treatment success of MDR	4.1.1	MDR-TB and infection control guidelines	KNCV	57.063	 75%	Sep	2012	Drafts developed ready for review by NTP before printing and dissemination.
	4.1.2	Training materials on MDR-TB	WHO	20.456	 75%	Sep	2012	The training materials have been developed but yet to be printed.
	4.1.3	Training of 2 staff on MDR-TB (regional training)	WHO	15.987	 100%	Sep	2012	Two NTP central level staff attended an MDR-TB training in Cairo Egypt from 4th - 16th June 2012.
	4.1.4	Stakeholders meeting on MDR and infection control guidelines	MSH	6.420	 100%	May	2012	This activity was to support development of the guidelines including TWG meetings and assessment visits.
					 88%			

5. TB/HIV				Planned Completion				
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
5.1 Strengthened prevention of TB/HIV co-infection	5.1.1	Support strengthened prevention of TB/HIV activities.	MSH	29.500	 100%	Mar	2012	TB CARE I supported the World TB day that was observed in Torit, EES on 30th March 2012. The activity was jointly conducted with NTP and WHO. IEC materials were printed and distributed during the celebrations. TB CARE I supported radio talk shows to disseminate TB/HIV educative messages national-wide using local FM stations.
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
5.2 Improved diagnosis of TB/HIV co-infection	5.2.1	TB/HIV coordination meetings	MSH	26.119	 100%	Sep	2012	Conducted in June 2012. TB/HIV quarterly review meeting was attended by state TB coordinators and State HIV directors.
	5.2.2	Training of health care workers on PITC	MSH	20.317	 100%	Jun	2012	In order to improve on HIV testing among the TB patients and providing early quality services to TB/HIV infected patients, 22 (10 males and 12 female) health workers were trained on PITC. The training was conducted in Wau and included participants from health facilities in WBG, NBG and Warrap states.
					 100%			

6. Health Systems Strengthening				Planned Completion				
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date

6.1 Ensured that TB control is embedded as a priority within the national health strategies and plans, with commensurate domestic financing and supported by the engagement of partners	6.1.1	Support Global Fund TFM Proposal R12 for South Sudan	MSH	13.814	 100%	Mar	2012	<p>The current GF grant supporting TB control (GF Round 7) expires in December 2013. As a result, NTP applied for TB TFM grants to start in January 2014. However, the proposal was categorised in 4 that required revision of the proposal based on the TFP comments.</p> <p>The revision process has been supported by TB CARE I through a consultant hired by PMU. The revised TB TFM proposal has been endorsed by CCM and re-submitted to GF on 22nd October 2012.</p>
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
6.2 TB control components (drug supply and management, laboratories, community care, HRD and M&E) formed integral part of national plans, strategies and service delivery of these components	6.2.1	Integrate TB into PHC	MSH	11.850	 50%	Sep	2012	Assessment of the PHCC to integrate TB services was jointly conducted by NTP, State MoH and TB CARE I. seven facilities were earmarked for refurbishment. Contractors have been identified and facilities identified to carry out the works. Site visits will be conducted to assess progress till the work is complete.
	6.2.2	Support technical group meetings and attendance to international conference	MSH	5.360	 50%	Nov	2013	Technical group meetings have been held during the development of GF TFM proposals. 1 NTP staff have been supported to attend a TBIC training regionally. 2 NTP and 1 TB CARE staff will be supported to attend the UNION conference in Malaysia.
	6.2.3	MOST for TB	MSH	26.162	 0%	Mar	2013	MOST for TB/HIV was a follow up on the previous meeting held in APA 1. However, due to competing priority and challenges with human resources, NTP requested for postponement of this activity.
					 50%			

Quarterly MDR-TB Report

Country	South Sudan
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Period	JULY-SEPTEMBER 2012
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MDR TB cases diagnosed and put on treatment in country

Quarter	Number of MDR cases diagnosed	Number of MDR cases put on treatment
Jan-Dec 2010	6	0
Jan-Sep 2011	0	0
Oct-Dec 2011	0	0
Total 2011	6	0
Jan-Mar 2012	0	0
Apr-Jun 2012	0	0
Jul-Sep 2012	0	0
To date in 2012	0	0

Quarterly GeneXpert Report

Country	South Sudan
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Period	JULY-SEPTEMBER 2012
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Table 1: GeneXpert instruments and cartridges procured or planned by quarter

	Procured			# still planned for procurement in APA 2	Month, Year procurement planned (i.e. April 2012)
	Jan-Dec 2011	Jan-Sept 2012	Cumulative total		
# GeneXpert Instruments	0	0	0	0	n/a
# Cartridges	0	0	0	0	n/a

Table 2: Cumulative List of **GeneXpert Instruments Procured to Date or Planned in the Next Quarter**

Already procured or still planned? (i.e. Write "Procured" or "Planned")	Instrument	# of Modules (1, 2, 4, or 16)	Location(s) (facility name & city/ province or TBD)	USG Funding Source (e.g., PEPFAR COP FYxx, USAID) ¹	Partner/ Implementing Organization; Additional Comments
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				

¹ Differentiating between PEPFAR and USAID-funded is important. If it is PEPFAR funded, specify the fiscal year (i.e. FY2011). Add rows if there are more than 8 instruments in total.

Table 3: Cumulative Xpert MTB/RIF **Cartridges Procured to Date or Planned for Next Quarter**

Already procured or still planned? (i.e. Write "Procured" or "Planned")	Order #	# of Cartridges*	Location(s) (facility name and city/ province or TBD)	USG Funding Source (e.g., PEPFAR COP FYxx, USAID) ¹	Comments
	1				
	2				
	3				
	4				
	5				

*There are 10 cartridges per kit, but we need the total # of **cartridges** (not kits)
Add an additional row for every procurement order of cartridges

Any additional information/clarifications to the above (optional)

Please provide a brief description of any significant problems encountered in use of the GeneXpert machine(s) and Xpert MTB/RIF cartridges

Please describe technical assistance or evaluation of implementation activities performed and planned.

Quarterly Photos (as well as tables, charts and other relevant materials)



Figure 1: Joint supervision Kaya



Figure 2: Joint supervision Yei Civil



Figure 3: Dr. Gladys educates lab staff on cleaning and reorganizing the lab at Tore PHCC.



Figure 4: Lab after cleaning and reorganization



Figure 5: JTH TB ward



Figure 6: Juba Teaching Hospital (JTH)
Out- patient department



Figure 7: Dr. Lou (D/ NTP Manager) and
Dr. Macharia (Country Director, TB CARE I)
during the TB TWG meeting to review TB
TFM proposal



Figure 8: Presentation of the TB TFM
proposal by Dr. Lasu (NTP Manager) to the
CCM

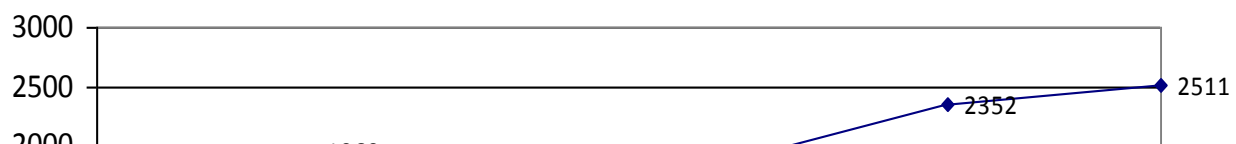


Figure 9: Trend of case notification from Jan 2011 - Jun 2012

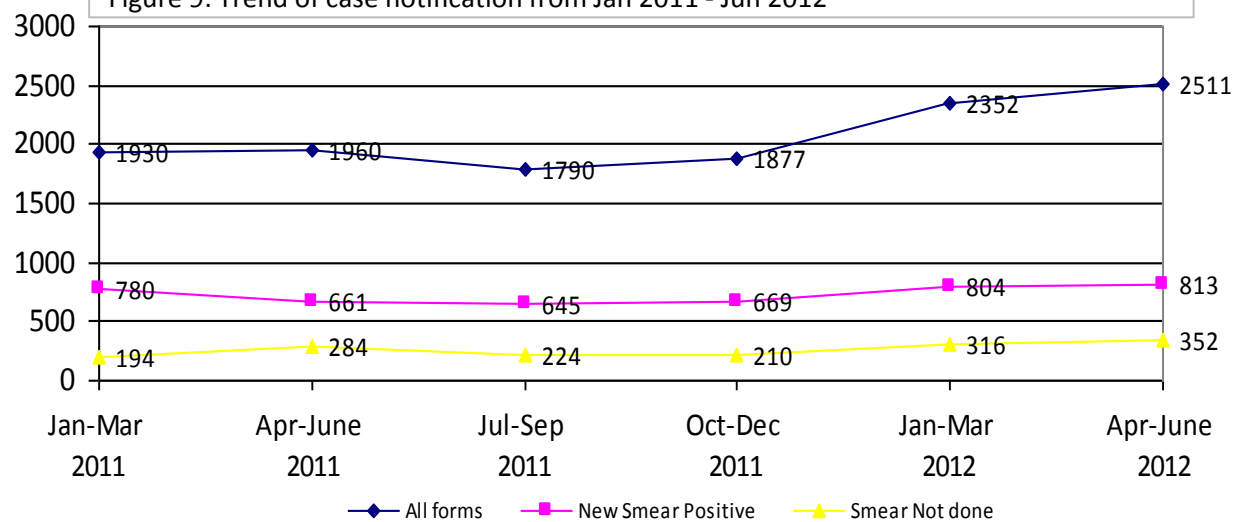


Figure 12: Proportion of TB cases tested for HIV among All forms and new smear positive.

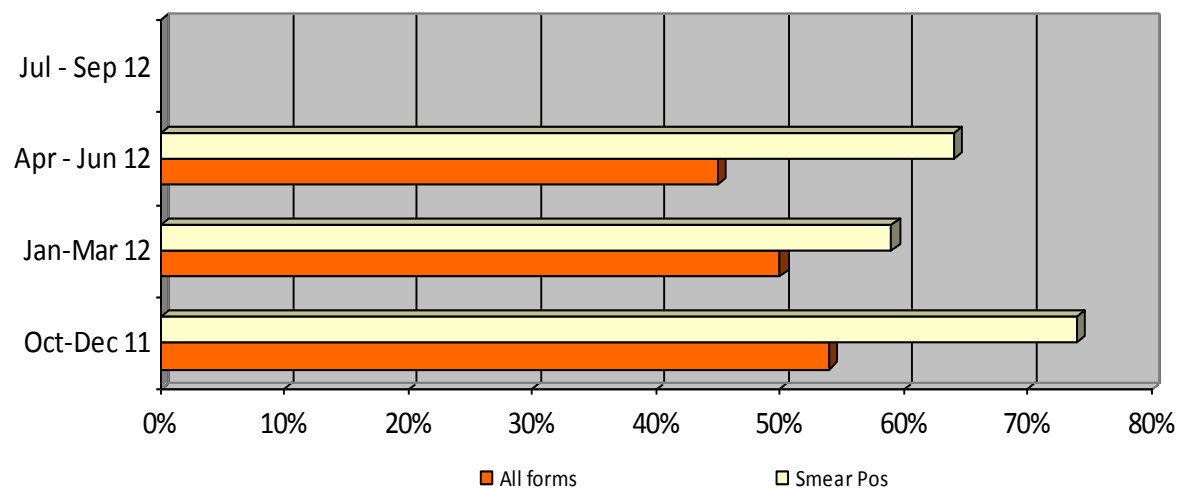


Table 1: results of Blinded Rechecking of slides in Juba County

<i>Center Name</i>	<i>No. of Slides sampled</i>	<i>% concordance</i>	<i>% discordance</i>	<i>Comments</i>
Juba Teaching Hospital	15	100	0	
Kator PHCC	15	100	0	
Munuki PHCC	10	80	20	Slides were not kept in order, leading to inadequate sampling

Table 2: Results of the finding on referral mechanism within Juba County

		Lab Register JTH	No. Enrolled in TBMUs			Primary defaulters	
			JTH	Munuki	Kator	No.	%
Sputum Smear results	3+	25	17	2	1	5	20%
	2+	17	8	5	0	4	24%
	1+	25	8	5	1	11	44%
	Scanty	1	0	0	0	1	100%
Aspirate	Pos	1	0	0	0	1	100%
Total		69	33	12	2	22	32%

Inventory List of Equipment - TB CARE I



TB CARE I

Organization:	TB CARE I
Country:	South Sudan
Reporting period:	July-September 2012
Year:	APA 2

Description (1)	ID numbers (2)	Acquisition date (3)	Acquisition cost (4)	V.A.T (5)	Location (6)	Condition (7)	Disposition date (8)	Title held by (9)	Insurance Policy #
Laptop Computer (Dell)		Aug 2009	\$2.000	0,00	Stolen	N/A			
Laptop Computer (Dell)	Dell LBL P/N: KX335A01	Aug 26, 2009	\$2.000	0,00	MSH office MoH complex, Juba	Good		MSH	
Microscope	Svizera Europe B.v	Mar 2010	\$1.190	0,00	MoH - Bentiu Hospital Laboratory	Good		MSH	
Microscope	Svizera Europe B.v	Mar 2010	\$1.190	0,00	MoH - Munuki PHCC laboratory	Good		MSH	
Microscope	Svizera Europe B.v	Mar 2010	\$1.190	0,00	MoH - Kator PHCC laboratory	Good		MSH	
LED microscope + 2 Battery supply unit (for LED microscope)	Zeiss Primostar	Aug 2010	\$2.070	0,00	MOH- NTP warehouse (GLRA)			MSH	
LED microscope + 2 Battery supply unit (for LED microscope)	Zeiss Primostar	Aug 2010	\$2.070	0,00	MOH- NTP warehouse (GLRA)			MSH	
LED microscope + 2 Battery supply unit (for LED microscope)	Zeiss Primostar	Aug 2010	\$2.070	0,00	MOH- NTP warehouse (GLRA)			MSH	
LED microscope + 2 Battery supply unit (for LED microscope)	Zeiss Primostar	Aug 2010	\$2.070	0,00	MOH- NTP warehouse (GLRA)			MSH	
LED microscope + 2 Battery supply unit (for LED microscope)	Zeiss Primostar	Aug 2010	\$2.070	0,00	MOH- NTP warehouse (GLRA)			MSH	
LED microscope + 2 Battery supply unit (for LED microscope)	Zeiss Primostar	Aug 2010	\$2.070	0,00	MOH- NTP warehouse (GLRA)			MSH	
LED microscope + 2 Battery supply unit (for LED microscope)	Zeiss Primostar	Aug 2010	\$2.070	0,00	MOH- NTP warehouse (GLRA)			MSH	
LED microscope + 2 Battery supply unit (for LED microscope)	Zeiss Primostar	Aug 2010	\$2.070	0,00	MOH- NTP warehouse (GLRA)			MSH	
LED microscope + 2 Battery supply unit (for LED microscope)	Zeiss Primostar	Aug 2010	\$2.070	0,00	MOH- NTP warehouse (GLRA)			MSH	
LED microscope + 2 Battery supply unit (for LED microscope)	Zeiss Primostar	Aug 2010	\$2.070	0,00	MOH- NTP warehouse (GLRA)			MSH	
LED microscope + 2 Battery supply unit (for LED microscope)	Zeiss Primostar	Aug 2010	\$2.070	0,00	MOH- NTP warehouse (GLRA)			MSH	
Office chair	n/a	14/10/2011	\$190			Good		MSH	

Office chair	n/a	14/10/2011	\$190		MSH office MoH complex, Juba	Good		MSH	
Filling cabinet	n/a	14/10/2011	\$316		MSH office MoH complex, Juba	Good		MSH	
Book Case	n/a	14/10/2011	\$443		MSH office MoH complex, Juba	Good		MSH	
Book Case	n/a	14/10/2011	\$443		TB CARE I Country office (NTP / MoH-GOSS)	Good		MSH	
Laboratory desk	n/a	28/11/2011	\$316		Kaya PHCC	Good		MSH	
Laboratory chair	n/a	28/11/2011	\$114		Kaya PHCC	Good		MSH	
Laboratory stool	n/a	28/11/2011	\$190		Kaya PHCC	Good		MSH	
Laboratory stool	n/a	28/11/2011	\$190		Kaya PHCC	Good		MSH	
Laboratory desk	n/a	28/11/2011	\$316		Parjok PHCC	Good		MSH	
Laboratory chair	n/a	28/11/2011	\$114		Parjok PHCC	Good		MSH	
Laboratory stool	n/a	28/11/2011	\$190		Parjok PHCC	Good		MSH	
Laboratory stool	n/a	28/11/2011	\$190		Parjok PHCC	Good		MSH	
Laboratory desk	n/a	28/11/2011	\$316		Torit State Hospital	Good		MSH	
Laboratory Chair	n/a	28/11/2011	\$114		Torit State Hospital	Good		MSH	
Laboratory Stool	n/a	28/11/2011	\$190		Torit State Hospital	Good		MSH	
Laboratory Stool	n/a	28/11/2011	\$190		Torit State Hospital	Good		MSH	
Laboratory desk	n/a	28/11/2011	\$316		Juba Military Hospital	Good		MSH	
Laboratory chair	n/a	28/11/2011	\$114		Juba Military Hospital	Good		MSH	
Laboratory stool	n/a	28/11/2011	\$190		Juba Military Hospital	Good		MSH	
Laboratory stool	n/a	28/11/2011	\$190		Juba Military Hospital	Good		MSH	
Office desk	n/a	9/12/2011	\$316		TB CARE I Country office (NTP / MoH-GOSS)	Good		MSH	
Office desk	n/a	9/12/2011	\$316		TB CARE I Country office (NTP / MoH-GOSS)	Good		MSH	
Office desk	n/a	9/12/2011	\$316		TB CARE I Country office (NTP / MoH-GOSS)	Good		MSH	

Laptop Computer (Dell)	S/N: F497201	24,May, 2011	\$1.659	0,00	Hai Amarat, Airport Road, Juba, MSH	Good		Kenyi Phillips	
Laptop Computer (Dell)	S/N: 6ZSY2Q1	21,Jan, 2012	\$1.500	0,00	TB CARE I Country office (NTP / MoH-GOSS)	Good		Gladys Anyo	
Laptop Computer (Dell)	S/N: 46VY2Q1	21,Jan, 2012	\$1.500	0,00	TB CARE I Country office (NTP / MoH-GOSS)	Good		Dr. Stephen Macharia	
Canon Digital Copier (iR1024A)	2583B002[AB] DQY38939	July10, 2012	\$ 2.635,00	0	MSH office MoH complex, Juba	GOOD		MSH	
Dell optilex 990 desktop	6TZZBBX	July10, 2012	\$ 1.135,00	0	MSH office MoH complex, Juba	GOOD		MSH	
Dell monitor (19")	OT5JNN-728772-21V-DJ5M	July10, 2012				GOOD		MSH	
Dell Key Board	CN-01HF2Y-71616-1A4-0LTH	July10, 2012				GOOD		MSH	
UPS Mecer and Surge Protector	ME-3000-GRM	27-sep-12	\$ 1.255,00	0	MSH office MoH complex, Juba	New		MSH	

Key

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- (1) Description of equipment: transportation (vehicles), administration (computers, faxes), laboratory equipment or others
(2) Identification number (eg Manufacturer's serial number, model number, Federal stock number, national stock number)
(3) Date of invoice
(4) Total price including any sales tax paid. Use currency on invoice
(5) Note any sales tax charged
(6) Address
(7) Good/fair or bad
(8)+(9) Ultimate disposition data, (in the case of a vehicle) including date of disposal and sales price or the method used to determine current fair market value.
where a recipient compensated TB CARE I for its share. Attach supplementary info